

**MOST COMMON
PAYROLL PLEDGE
AMOUNTS PER
PAY PERIOD**

MILITARY

\$60 x 12 mo = \$720
\$30 x 12 mo = \$360
\$24 x 12 mo = \$288
\$12 x 12 mo = \$144

CIVILIANS

\$30 x 26 per = \$780
\$15 x 26 per = \$390
\$12 x 26 per = \$312
\$ 6 x 26 per = \$156

FALL 2003 COMBINED FEDERAL CAMPAIGN OF THE NATIONAL CAPITAL AREA
PO BOX 1448, ALEXANDRIA, VA 22313

OPM
CFC Campaign No. 0990

ATTENTION PAYROLL OFFICES: This number below identifies the local CFC. **DO NOT** enter into Federal payroll systems.

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	<input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	FEDERAL ORGANIZATION	CFCNCA REPORTING NUMBER
WORK ADDRESS & ZIP CODE			SOCIAL SECURITY NUMBER	WORK PHONE (IMPORTANT)	PAYROLL OFFICE LOCATION

CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.

AMOUNT PER PAY PERIOD		TOTAL GIFT		FOUR DIGIT AGENCY CODE	ANNUAL AMOUNT
MILITARY PAYROLL DEDUCTION	\$	x 12 months	\$		
CIVILIAN PAYROLL DEDUCTION	\$	x 26 pay periods	\$		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK PAYABLE TO CFC			\$		
				1 2 0 0	1,000.00



For
EAGLE
AWARD
(1%)
initial here:



For
DOUBLE
EAGLE AWARD
(2%)
initial here:

CFC organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

To receive an acknowledgement of your gift, complete your mailing address and authorize its release by checking the box below.

☐ I DO want my name and address released to the charitable organization(s) I have designated.
MY HOME ADDRESS IS: (My name will not be released unless this box is filled out completely.)

(Home Address) Street _____

City _____ State _____ Zip _____

☐ I DO want my home email address released to the charitable organization(s) I have designated.
MY HOME EMAIL ADDRESS IS: _____

☐ I DO NOT want my name and address released to the charitable organization(s) I have designated.

**ENTER "911" BELOW
THE AGENCY CODE**

For more charities or federated groups of The National Capital Area, fill in the space below (Write-Ins Allowed)

AUTHORIZATION
I, _____, as Government by which I may be employed, authorize the release of my name and address above from my pay each pay period during the calendar year 2004 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE _____ DATE _____

THIS COPY WILL BE FORWARDED TO THE CFC AUDIT DEPARTMENT

